

D

Date _____

STATINTL
TO : Chief, _____

FROM : _____
(Employee)

SUBJECT: Home Leave and Reassignment, Request for

I. Items for Preparation of Travel Order

- (a.) Estimated date of departure: _____
- (b) Destination of Traveler (Legal Address): _____
- (c) Desired Mode of Transportation: _____
- (d) Desired Route of Travel, and requested stop-overs en route: _____
- (e) Names, relationship and ages of dependents accompanying traveler: _____
- (f) Date employee arrived in field on present tour: _____
- (g) Amount of annual leave taken since above date: _____
- (h) Amount of accumulated annual leave: _____
- (i) 5 days consultation at Hdqs. prior to Home leave will be authorized in all cases.
- (j) Shipment of effects (If assignment to be PCS Wash, effects will be shipped to _____ if assignment to be TDY Wash, and reassignment to Field, effects will be held at station pending determination of assignment.)

II. Items for Determination of Reassignment

- (a) What is your preference for reassignment? Specify type of position and location: _____
- (b) What duties have you performed and at what posts have you served during your present tour: _____

(Signature)

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III. To be Completed by Supervisor

(a) Have employee's conduct and service been satisfactory in all respects during present field assignment? _____

(b) Has employee striven for self-improvement? Specify: _____

(c) What is your recommendation for reassignment of employee? _____

(Signature)

IV. Reviewing Officer's Comments (To be completed by Area Chief of Depu Area Chief)

(a) Do you concur in the above statements? _____

(b) What is your evaluation of employee's past service and potential utilization by Communications? _____

(Signature)